

**PWYLLGOR CYLLID A PHERFFORMIAD  
FINANCE AND PERFORMANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 April 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 12 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance in association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Executive Director of Finance

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 12, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this SBAR and the following supporting documents:

- IPAR Overview – includes data, issues and actions for the health board’s key performance improvement measures.
- IPAR Dashboard – provides statistical process control (SPC) charts for each of our performance measures. The dashboard can be accessed via the Integrated Performance Assurance Report Dashboard as of 31 March 2025. Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

If assistance is required in navigating the IPAR overview or IPAR dashboard, please contact the Performance Team - [GenericAccount.PerformanceManagement@wales.nhs.uk](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk).

Cefndir / Background

In February 2024, Welsh Government (WG) published the [2024/25 NHS Wales Performance Framework](#). The framework outlines the Ministerial priorities for this financial year, along with key targets.

WG published the [2025/26 NHS Wales Performance Framework](#) in January 2025. Amendments from the 2024/25 framework are:

- Audiology metric split into adult patient waits >14 weeks and children >6 weeks.
- Removed from Framework - Percentage of calls ended following WAST telephone assessment (Hear and Treat).

- Removed from Framework but continued to be reported in the IPAR dashboard - Number of patients waiting more than 52 weeks for referral to treatment.
- Qualitative reports have been removed from the Framework.

### Asesiad / Assessment

We have adopted the '3As Assessment' approach to highlight either an alert, advise or assure status for each of our key performance measures. Please refer to the latest Integrated Performance Assurance Report Dashboard for data and charts for all performance measures.

#### **Alert (may require discussion)**

There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

**Staff Engagement** – the overall score for staff engagement is showing concerning variation at 72.1%. This is below the mean of 73% since monthly staff surveys began. Concerning variation is also reported for the response to 'I am proud to tell people I work for Hywel Dda'. Strategies to help build staff engagement and instigate feelings of pride from working for Hywel Dda include staff recognition and appreciation programmes, promoting a positive and supportive work environment, providing professional development, opportunities for growth and leadership programmes such as LEAP (Leadership Engagement with Awesome People).

**Diagnostics Waits 8 Weeks and Over** – Whilst breaches reduced by 19% (1,166 patients) in March 2025, total breaches remained high at 4,851 patients and the trajectory of 0 was not met. Breaches recorded were at the lowest level reported since July 2024. Performance is showing expected (common cause) variation, largely driven by continuing challenges in Radiology:

- Radiology: 4,587 breaches in March 2025. However, concerning variation remains present on the SPC chart. Breaches are driven by waits for CT, MRI and Non-Obstetric Ultrasound Scan (NOUS). Demand is currently exceeding capacity for timely investigations and reporting. Available resource capacity is being prioritised for cancer and inpatient demand. Welsh Government recovery funding utilised in February 2025 to increase capacity. NOUS insourcing commenced. Locum Radiographers recruited for CT, planned to continue until substantive posts are filled. Mobile MRI solution extended into the new financial year subject to funding. Several agreed actions to increase capacity will remain in place for Q1 of the new financial year 2025/2026 to further reduce breaches.
- Endoscopy: 72 breaches in March 2025. Improving variation is showing on the SPC chart. The TI goal of reducing the number of patients waiting less than 8 weeks has been met for this and last month. Short term sickness and gaps in the nursing establishment caused staffing challenges. 8-week target of zero breaches in gastroenterology and respiratory patients in March 2025 was achieved. However, there were 72 breaches within urology, demand exceeding capacity for cystoscopy diagnostics and cancer patients currently prioritised. A proposal has been submitted by urology to increase capacity to overcome the urgent suspected cancer cystoscopy backlog and release capacity for urgent and routine patients. Recurrent investment has been included in the Annual Plan to uplift endoscopy nursing establishment at Glangwili hospital.

- Cardiology: 150 breaches in March 2025, breaches relate to Radiology Cardiac Myocardial Perfusion Imaging. Improving variation is showing on the SPC chart. Targeted action in place to recover Radiology Cardiac Myocardial Perfusion Imaging breaches by end of April 2025.

**Therapies Waits 14 Weeks and Over** – Latest performance shows concerning variation, with 2,216 breaches at the end of March 2025, a deterioration following 3 months of reduced breaches. Driving this position are physiotherapy and podiatry which account for almost 80% of the total breaches.

- Physiotherapy: 1,192 breaches in March 2025. Demand is greater than current capacity and increasing. Staff recruitment is challenging in Carmarthenshire; however, a wider targeted workforce campaign has been successful. A total of six whole time equivalent posts and four bank posts have been recruited into and will come into post incrementally over the next five months. In addition to this, agency recruitment is underway with limited success due to short term nature of contracts and accommodation pressures to support recovery until June 2025.
- Podiatry: 570 breaches in March 2025, mainly within Pembrokeshire. Performance is impacted by chronic vascular/diabetic foot pathology demand. Actions to address include staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and an in-depth roll out of patient telephone triage in Pembrokeshire.
- Occupational therapy: 322 breaches in March 2025. Majority of breaches in paediatrics due to backlog, new patient demand versus capacity. A focus on prioritising caseloads continues and recruitment is underway to address staffing vacancies.
- Art therapy: 49 breaches in March 2025. One therapist covers the whole of the Health Board, impacting capacity, although delivery is supported through groups where possible to mitigate this. A new art group for 8 clients will commence on 25<sup>th</sup> March 2025, running until June 2025, with a further group planned in September 2025. In line with Integrated Psychological Therapy Service (IPTS), all clients waiting on the Art Therapy wait list have been offered groups as part of the ongoing waiting list management.

Services are undertaking demand and capacity modelling to improve reliability of trajectories and increase understanding of demand pressures. Short term measures have been put in place including approval for agency staff and over-recruitment to newly qualified graduates across disciplines, additional triage mechanisms, skill mix of workforce, and increased scrutiny of waiting time performance. These actions are expected to reduce breach volumes, but trajectories are volatile due to impact of any changes of workforce availability.

**Audiology Adult Hearing Aid Waits 14 Weeks and Over** – 1,862 breaches in March 2025 (concerning variation). Issues include a large backlog coupled with workforce deficits, significant short-term and long-term sickness, staff vacancies and supporting revised ENT rotas due to an increase in the ENT consultant team without an increase in Audiology staffing levels. The fragile status of the Audiology service is under review. Actions underway include regular monitoring of the clinic template, a move to Patient Initiated Follow Ups (PIFU) to replace face to face appointments and release capacity, a review of capacity and demand and seeking approval to advertise current staff vacancies.

**Child Neurodevelopmental Waits** - in February 2025, the overarching metric is showing expected (common cause) variation, with 21.8% having a neurodevelopmental assessment within 26 weeks, missing trajectory of 30%. Autism Spectrum Disorder (ASD) was 15%, and Attention Deficit Hyperactivity Disorder (ADHD) was 53%.

Although the 26-week target for ADHD assessments is showing improving variation, an increase in referrals from 28 per month in 2023/24 to 56 in 2024/25 outweighs the capacity within the service of 40 per month. To increase capacity, we are seeking funding streams to support the purchase of additional Quantitative Behavioural (QB) tests and recruitment to support these whilst colleagues in Carmarthenshire County Council are currently testing the suitability of 'The Portsmouth Model' as an alternative to QB testing. ASD performance has been consistently below 20% since September 2022 and continues to show concerning variation, with demand far outstripping our capacity to assess patients for ASD. We had an average of 116 referrals per month in 2024 compared to 20 per month in 2016. Through process mapping of systems and pathways, we have now streamlined the assessment process further to increase capacity within services with refined Referral and Triage processes to improve efficiency and reduce time to assessment.

**Psychological Therapy** – in February 2025, the overarching metric is showing concerning variation, with a decline in performance for the fourth consecutive month and by over 11% since October 2024. However, performance continues to exceed the trajectory of 60% in February 2025 with compliance of 63.8%. The decline in performance is due to the scheduling of group sessions. Moving forward, the Integrated Psychological Therapies Service is scheduling the sessions as 'rolling' groups rather than commencing and ending groups in blocks to prevent a dip in performance between groups. Learning disabilities psychological therapy is now showing improving variation.

**Ambulance Red Calls Responses < 8 mins** - 51.7% in March 2025, target is 65%. Performance is showing expected (common cause) variation Mitigation of risks via weekly reviews of WAST resource escalation action plan; Dynamic review of demand and area specific pressures; Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance.

### **Ambulance Handovers**

- The number of handovers taking longer than 1 hour in March 2025 increased to 988 and overall performance shows concerning variation and the trajectory of 846 was not met. Prince Philip Hospital (PPH) and Withybush Hospital (WGH) are driving any improvement, whilst Bronglais Hospital (BGH) and Glangwili Hospital (GGH) are still showing concerning variation.
- Handovers taking more than 4 hours during March were 343. Performance is showing expected (common cause) variation overall and all sites are showing expected (common cause) variation.
- Risk mitigation actions: Red and Amber 1 ambulance release plans, Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance incident call stack, for admission avoidance.

### **4 Hour and 12 Hour A&E/MIU Patient Delays**

- No significant change in March for overarching Health Board performance position. Concerning performance trends continue for patients spending less than 4 hours in A&E/MIU (68.8%) or those spending longer than 12 hours (1,412).

- The percentage performance of patients seen within 4 hours is slowly starting to increase since December 2024, but this trend will need to be sustained across all sites.
- Since the MIU model was changed in October 2024, Prince Philip Hospital (PPH) continues to meet the 4-hour target (95%), is showing improving variation and continues to meet trajectory for 12-hour patient delays, with zero reported in March. The Targeted Intervention (TI) de-escalation goal to reduce the percentage of patients waiting over 12 hours to no more than 7% has been met at PPH.
- Risk mitigation actions: Glangwili Teifi Trauma Ambulatory Care (TTAC) pilot underway on Teifi Ward to receive Orthopaedic expected or ambulatory (not requiring a hospital stay) patients. Same Day Emergency Care (SDEC) units continue to support and be developed. Boarding protocol in place and the wards will take patients from the ED prior to the discharge patient leaving the ward. Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to run which facilitates early discharges and follow up review.

**Ophthalmology** – In February 2025, 986 out of 1,693 (58.2%) high-risk (R1) patients attended appointments within 25% delay to their clinically assigned target date\* and performance shows concerning variation (Target = 95%). The main issues that continue to impact R1 performance include staffing challenges that are compounded by the requirement to deliver services across eight different sites across the health board, which reduces efficiencies and clinical oversight from Consultant leads. Work is ongoing to address these issues including a review of service capacity across the health board, investment in staffing, regional working and staff development through training.

\*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date.

**Staff Sickness** – 12-month rolling sickness remains high at 6.6% in March 2025. Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The Workforce teams have been assisting service areas, in particular Estates and Facilities and Unscheduled Care, to undertake deep dives into the absence data and have supported the implementation of targeted and bespoke action plans with the services for each specific area of concern.

### Advise (to monitor)

There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

**Cancer** – In February 2025 performance increased to 63.5% with 244 patients starting treatment within 62 days of suspicion out of a total of 353 patients, exceeding to trajectory of 62% and meeting the TI goal of 60% for the first time. This is the highest number of patients being treated within target since 2022 and the highest performance since August 2021. Fragility in Radiology remains a key risk to performance however, resources for increased Radiology CT imaging capacity will remain in place for 2025/26. Expected performance in March is 65%.

### Pathway of Care Delays

Performance is showing improving variation. Census count discharge delays increased during March 2025 to 218, and the total number of days delayed for our non-mental health patients increased in March, 8,110 days vs 7,847 February. Assessment delays remain the largest proportion of delays. The Trusted Assessor model is developing, in particular to support delays due to mental health capacity. Deep dives into Allied Health Professional delays are taking place. Mental health patients with length of delay over 90 days have concise discharge plans in place.

**Planned Care** – 16,504 patients waiting for a follow up were delayed over 100% of their target date in March 2025. The TI de-escalation criteria to reduce the position to 9,469 and maintain for 3 months has not been met. Whilst the HB currently has the lowest volume of patients delayed by 100% of all HBs which provide secondary care services, relevant specialties are continuing a detailed review of Clinical Implementation Network (CIN) guidance to further support improvement plans including proposals to prioritise long-standing follow up patients to alternative pathways. Full application of the CIN guidance to the historical cohort of follow-up patients will be required to enable compliance with the target improvement required.

### **Healthcare Associated Infections**

Cumulative *S. aureus* and *C. difficile* case numbers are higher than the previous financial year (2023/24), however, *E. coli* cases reduced.

- *C. difficile* infections – In month cases are showing expected (common cause) variation in March. 184 cumulative cases within the Health Board this financial year compared to 182 reported in 2023/24 and the cumulative population rate per 100,000 was 47.78. The TI de-escalation goal of reducing hospital onset cases by 25% was met in March (6). An improvement group has been established with the Deputy Medical Director chairing. Continued use of DiffX and HPV disinfection, review of practices, hand hygiene audits, environmental audits and *C. difficile* transmission teaching provided to mitigate risks. A targeted estates funding bid for further HPV machines was successful and due May 2025. Assurance meetings are held monthly on each site to review each hospital onset. Action plans developed with services focusing on Infection Prevention practice.
- *E. coli* infections - In month cases are showing expected (common cause) variation in March. 380 cumulative cases compare to 387 in previous year and the cumulative population rate per 100,000 was 98.68. The TI de-escalation goal of reducing hospital onset cases by 25% was not met in March (8). Continued education of staff around catheter and device care. Continued profiling of aseptic non-touch technique e-learning and practical assessment reviews. Continued integration of infection prevention nurses in public health in prevention regarding health promotion. Assurance meetings are held monthly on each site to review each hospital onset.
- *S. aureus* infections – in month cases are showing expected (common cause) variation in March. 133 cumulative cases compare to 110 in the previous year and the cumulative population rate per 100,000 reduced to 34.54. The TI de-escalation goal of reducing hospital onset cases by 25% was not met in March (4). Peripheral vascular catheter bundle compliance monitored, with continued education and emphasis on devices being removed at the earliest opportunity. Hand hygiene actively promoted and audited. Assurance meetings are held monthly on each site to review each hospital onset.

**Mental health** – all part 1a and 1b measures for adults and children met target and trajectory in February 2025 with the exception of children and young people in receipt of secondary mental health services who had a valid care and treatment plan at 89.3% (target 90%).

Adult interventions starting within 28 days following assessment is showing expected (common cause) variation and adult residents in receipt of secondary mental health services who have a valid care and treatment plan is showing concerning variation with a deterioration for the sixth consecutive month despite remaining at above the target.

The Targeted Intervention de-escalation goals of Local Primary Mental Health Support Services assessments undertaken; children and young people therapeutic interventions started within 28 days and those having a valid care treatment plan, continues to be met.

### **Assure (to note)**

There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

**Planned Care** – Latest performance shows improving variation, and we achieved our ambitions to have no patients waiting longer than 2 years for treatment and no patients waiting longer than 1 year for a new outpatient appointment. As at 31<sup>st</sup> March 2025, we recorded:

- Zero new outpatient waits over 52 weeks, a reduction for the ninth consecutive month. Breaches are at their lowest point since March 2020 and the TI de-escalation goal for 100% of patients to wait less than 52 weeks has been met for the first time.
- Zero Referral to Treatment (RTT) waits over 104 weeks, a reduction for five consecutive months. Breaches are at their lowest point since December 2020 and the TI de-escalation goal for 100% of patients to wait less than 104 weeks has been met for the first time.
- 12,202 RTT waits over 52 weeks, the lowest since December 2020. 86.9% of patients waited less than 52 weeks for RTT and the TI de-escalation criteria of 80% continues to be met.

**Personal Appraisal Development Review Within 12 Months:** is showing improving variation. In March 2025, 83.74% compliance was achieved (target 85%). Continuous improvement has been made since our lowest compliance of 62% in April 2022.

### **Triangulating our data: March 2025**

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month continues to decrease since November 2024 (March 2025: 129). There was an increase in both patient falls (217) and medication errors (102) for the first time since November 2024. We continue to have significant numbers of high and extreme risks on the risk register with 468 this month. The number of new complaints received decreased for the second consecutive month to 102 in March 2025. The number of new infection cases increased to 73, only 11 of which were C. difficile. The majority of new cases were E. coli (39) and S. aureus (9).
- Workforce – In month, staff sickness reduced slightly to 5.77% and long-term sickness to 3.80%. There was a small decrease in short term sickness 1.95%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During March nursing and midwifery agency usage continued to reduce, with 47.69 whole time equivalents (WTE), lowest rate recorded.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	129	314	129	
Patient falls	190	302	217	
Medication errors	71	151	102	
Pressure damage developing or worsening during care	73	216	79	
New complaints by month received (ward level not available)	103	220	103	
Number of high and extreme risks (health board & directorate only)	381	492	468	
Infections: new cases	53	84	73	
Infections: C. difficile cases	9	23	11	
Workforce				
Number of staff/contractor related incidents	100	212	111	
Sickness - short term	1.7%	2.8%	2.0%	
Sickness - long term	3.3%	4.9%	3.8%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	7.9%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	91.53	379.79	91.53	
Bank (WTE)	212.99	352.85	309.01	

## Escalation: March 2025

A summary of the internal escalation status of each of our directorates is included in the table below. Directorates have been assessed across the six domains of Quality, Governance, Workforce, Finance, Strategy & Planning, Fragile Services and Performance and Outcomes. The escalation assessment criteria can be found in **Appendix A**.

As part of the new Our Performance Improving Framework, escalation levels will be assigned at the new Clinical Care Group level from our Month 1 2025/26 IPAR report from May onwards.

# Escalation overview

## March 2025

KEY

1 Reasonable assurance    2 Limited assurance    3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	3	2	3	1	n/a
	Facilities	2	3	3	3	1	3
	Mental Health & Learning Disabilities	3	3	2	3	2	3
	Cancer & Oncology	1	1	2	3	1	3
	Pathology	1	3	2	3	2	n/a
	Radiology	2	1	2	3	3	3
	Planned Care (incl. Audiology and Endoscopy)	2	3	2	3	3	3
	Bronglais Hospital	2	1	2	1	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	2	1	2	3	1	3
	Withybush Hospital	3	1	2	3	2	3
	Women & Children	3	3	2	3	2	3
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	1	2	1	1	3
	Pembrokeshire County	2	1	1	3	1	3
	Primary Care	2	2	2	1	2	3
	Primary Care Management	1	1	2	1	1	n/a
	Medicines Management	1	1	2	3	2	n/a
Other	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	2	1	2	n/a
	Director of Nursing	1	1	2	2	1	3
	Director of Public Health	1	2	2	1	1	2
	Director of Strategy and Planning	1	2	1	1	1	n/a
	Director of Workforce & OD	1	1	1	1	1	n/a
	Medical Directorate	1	3	1	1	1	n/a
	Corporate Services	1	1	2	1	1	n/a

### Escalation changes from February to March 2025

Domain	Escalated up ↑	Escalated down ↓
Quality	Women & Children (now L3)	-
Governance	Public Health (now L2)	Bronglais Hospital (now L1) Withybush Hospital (now L1) Primary Care (now L2) Medicines Management (now L1)
Workforce	-	Pembrokeshire County (now L1)
Finance, Strategy and Planning	-	-
Fragile Services	-	-
Performance & Outcomes	-	-

Our five directorates with the highest levels of escalation are Mental Health and Learning Disabilities, Planned Care, Glangwili Hospital, Estates and Facilities and Women and Children. The escalation levels and key points to note for each of these directorates are summarised below. Directorates with concerning levels of escalation (level 3s) are having monthly contacts with Executive Directors to discuss actions being taken to address the escalation issues.

Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

## Women and Children

The Women and Children directorate have been escalated in the quality domain, now giving them level 3 escalation in 4 out of the 6 domains.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	2	3	↑	56% escalation assurance (down from 65% last month). Areas for improvement: incident management, complaint management.
Governance	3	3	↔	Audit and inspection recommendations and Welsh Health Circulars need to be implemented within timescales.
Workforce	2	2	↔	High levels of sickness and turnover, PADRs, overdue pay progressions and job planning compliance need to be addressed.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	2	2	↔	Temporary service change agreed by Board for Bronglais paediatrics. Ability to implement national guidelines for maternity, obstetric and neonatal care identified
Performance and Outcomes	3	3	↔	ADHD and HPV vaccine performance continue to be below target.

## Mental Health and Learning Disabilities

Since August 2024, the Mental Health and Learning Disabilities directorate had the highest level (3) of escalation across 4 of the 6 domains.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	3	3	↔	55% escalation assurance (down from 60% last month). Overdue HIW and peer review actions need to be addressed. Incidents and complaints need to be managed more efficiently.
Governance	3	3	↔	Audit and inspection recommendations need to be implemented within timescales.
Workforce	2	2	↔	High levels of sickness and turnover, overdue pay progressions and job planning compliance need to be addressed.
Finance, Strategy & Planning	3	3	↔	Recurrent savings needs to be identified.
Fragile Services	2	2	↔	Robust plan needed for ASD and inpatient services.
Performance and Outcomes	3	3	↔	ASD performance continues to be significantly below target.

## Planned Care

The Planned Care directorate are on level 3 escalation overall for 4 domains for the sixth consecutive month, however following achievement of the 0 breach targets in March 2025, 2 measures within the performance domain have been de-escalated to level 1 i.e. patients waiting over 52 weeks for a new outpatient appointment and waits over 104 weeks from referral to treatment.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	2	2	↔	68% escalation assurance (from 73% last month). Areas to address: incidents open over 120 days, complaints open over 30 days.
Governance	3	3	↔	Audit and inspection recommendations and Welsh Health Circulars need to be implemented within timescales.
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, mandatory training, staff turnover, overdue pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Delivery needed of 5% recurrent savings and a balanced position in year.
Fragile Services	3	3	↔	More sustainable plans required for: critical care (PPH), emergency general surgery (WGH & GGH), ophthalmology consultant on-call rota, anaesthetics medical workforce, provision of 7 day a week Trauma unit (GGH).
Performance and Outcomes	3	3	↔	Delivery plan and milestones needed to achieve R1 eye care and delayed follow-up appointments targets.

## Glangwili Hospital

No significant change for the third consecutive month, the directorate is in level 3 escalation for 4 out of the 6 domains.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	3	3	↔	57% escalation assurance (59% last month). Areas for improvement: incident management, complaint management and timely investigation and learning demonstrated from pressure damage
Governance	1	1	↔	
Workforce	2	2	↔	Improved compliance needed for sickness, turnover, outstanding pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	3	3	↔	A&E staffing: plan needed for more resilient medical staffing.

Performance and Outcomes	3	3	↔	Improvements needed in ambulance handover delays and reducing the number of patients waiting over 12 hours in A&E.
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## Facilities and Estates

No significant change for the third consecutive month, the directorate is in level 3 escalation for 4 out of the 6 domains.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	2	2	↔	Concerns regarding cleaning standards and demonstration of consideration of quality in decision making.
Governance	3	3	↔	Audit and inspection recommendations need to be implemented within timescales. Governance arrangements need to be strengthened within the directorate.
Workforce	3	3	↔	Improvements needed for sickness, turnover and pay progressions.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	1	1	↔	
Performance and Outcomes	3	3	↔	Consistent cleaning audits need to be undertaken across all sites and targets achieved, particularly in high-risk areas.

## Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **DISCUSS** the IPAR – Month 12 2024/2025 report and to **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

## Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

- 2.1.1 The financial performance and delivery against Health Board financial plans and objectives and
- give early warning of potential performance issues,
  - make recommendations for action to continuously improve the financial position of the organisation,
  - focus on the financial impact of in-year and medium-long term plans, the impact of financial issues on service delivery, quality and patient

	<p>experience, and any specific issues where financial performance is showing deterioration or there are areas of concern.</p> <p>2.1.2 The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where performance is showing deterioration or there are issues of concern.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy:	Finance, Performance, internal Escalation process

Parties / Committees consulted prior to Finance and Performance Committee:	
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology
<b>Enw Da:</b> <b>Reputational:</b>	Yes
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable

**Cydraddoldeb:  
Equality:**

Not Applicable

## Appendix A: Escalation Criteria

	Quality	Governance	Workforce	Finance, Strategy & Planning	Fragile Services	Performance & Outcomes
	Director of Nursing	Director of Corporate Governance	Director of Workforce and OD	Director of Finance Director of Strategic Planning	Director of Strategic Planning Director of Nursing	Director of Operations
<b>Level 1</b>	<b>Reasonable assurance that there are no significant concerns within the directorate.</b>					
<b>Level 2</b>	<b>Limited assurance that the directorate:</b>					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/CIW</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits / inspections / WHCs / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. FoI and corporate correspondence</li> <li>5. Policies (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADR</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters &amp; job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the trajectory missed for over 2 months.</p>
<b>Level 3</b>	<b>No assurance that the directorate:</b>					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/CIW</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits / inspections / WHCs / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. FoI and corporate correspondence</li> <li>5. Policies (where applicable)</li> <li>6. Quality governance</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADR</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters &amp; job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the target and improvement trajectory being consistently missed.</p>